

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2000 012431

2000 FEB 24 AM 9:06

MORE'S W. CARTER  
RECORDER

**CERTIFICATE OF RELEASE**

PATIENT NAME: DON ARCE

DATE OF ADMISSION: 11/08/99

DATE OF DISCHARGE: 11/09/99

AMOUNT OF CLAIM: \$2,341.15

HOSPITAL LIEN DOCKET NO: 2000 002626

Notice is hereby given that the Lien of St. Catherine Hospital pertaining to the above-named Patient has been discharged.

Authority is hereby given to the Recorder of Deeds to release the above referenced Hospital Lien, in accordance with the provisions of Indiana Code 32-8-26-7.

St. Catherine Hospital, Inc.

By:

  
Robert M. Mirkov, Attorney  
St. Catherine Hospital, Inc.

cc: Indiana Department Of Insurance  
311 West Washington Street, Suite 300  
Indianapolis, Indiana 46204-2787

This Instrument Prepared By:

The Law Offices Of James E. Daugherty  
8550 Broadway  
Merrillville, Indiana 46410  
(219) 769-5500



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